

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. _____ | FILING DATE _____ | | | | |
|--|------|------------------------|------|------------------------|------|--------------|---------------------|----------------------|------|------|------|--|
| APPLICANT(S) _____ | | | | | | | CLAIMS | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | | |
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| TOTAL IND. | | | | | | TOTAL IND. | | | | | | |
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